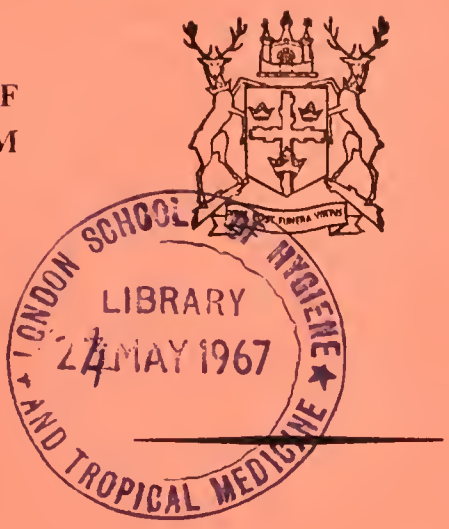
CITY OF NOTTINGHAM

EDUCATION COMMITTEE



PRINCIPAL SCHOOL MEDICAL OFFICER'S

ANNUAL REPORT

ON THE WORK OF THE

SCHOOL HEALTH SERVICE

FOR THE

YEAR 1966

★

Adopted by the Education Committee at its meeting on 26th April, 1967.

★

F. E. JAMES M.D., D.C.H
Principal School Medical Officer.

W. G. JACKSON, B.A., M.Ed.,
Director of Education.

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SCHOOL HEALTH SERVICE

SPECIAL SERVICES SUB-COMMITTEE
(Municipal Year 1966-67)

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Vice-Chairman: Councillor Mrs. M. WHITTAKER

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Councillor H. A. ROE
Councillor T. S. WILKINS
Councillor H. WILSON
Miss E. A. NORRIS, B.Sc., J.P.
J. D. SUNLEY, Esq., J.P.

STAFF (31st December, 1966)

Principal School Medical Officer:
R. G. SPRENGER, M.B., Ch.B. (to 31/3/1966)
F. E. JAMES, M.D., D.C.H. (from 1/4/1966)

Deputy Principal School Medical Officer:
ELEANOR J. MORE, M.B., Ch.B., D.P.H.

School Medical Officers:
W. M. HUNTER, M.B., Ch.B.
BARBARA WARD, M.B., B.S., D.A., D.C.H.
KATHLEEN M. LAING, B.Sc., M.B., B.S., D.C.H.
ISABEL M. GREEN, M.B., Ch.B., D.C.H. (from 25/4/1966)

Part-time Specialists:
(By arrangement with the Sheffield Regional Hospital Board)
G. GORDON-NAPIER, M.D., Ch.B., D.O.M.S. (Ophthalmic Surgeon)
J. HORTON YOUNG, M.B., B.S., D.O.M.S. (Ophthalmic Surgeon)
H. FRASER, M.B., Ch.B., D.O. (Ophthalmic Surgeon)
T. B. HOGARTH, M.B., Ch.B., F.R.C.S. (Aural Surgeon)
J. F. NEIL, M.A., M.B., Ch.B., F.R.C.S. (Aural Surgeon)
A. P. M. PAGE, M.D., M.R.C.P., D.C.H., J.P. (Paediatrician)
ELIZABETH ARKLE, M.D., D.P.M. (Psychiatrist)
J. S. EDMONDSON, M.B., Ch.B., D.Obst., D.P.M. (Psychiatric Registrar)

Part-time Medical Officers:
THELMA M. PHELPS, M.B., B.S.
W. K. S. MOORE, M.A., M.B., B.Chir. (M.O., Boots' College)
S. W. GRAY, M.B., Ch.B. (from 25/7/1966)
K. SHALLCROSS-DICKINSON, M.R.C.S., L.R.C.P., F.P.S., F.R.Ent.S. (from 5/12/1966)

Audiometrician: *E. F. WARD, M.S.A.T.

Principal School Dental Officer:
W. McKAY, L.D.S.

Dental Officers:

LINDA E. HILL, B.D.S.
MARGARET C. READE, L.D.S.
ERIKA MELLAKAULS, L.D.S.
MAUREEN M. DICK, B.D.S.
S. D. RESNICK, L.D.S.
*N. E. CHETTLE, L.D.S.
*D. R. DAVIES, L.D.S.
*ENID DURANCE, L.D.S.
*E. A. MEADOWS, L.D.S.
*MYRETTE J. J. DAVIDSON, L.D.S. (from 30/11/1966)

Dental Surgery Assistants:
Full-time five
Part-time eight

Child Guidance Centre:

MRS. J. FRY, M.A., Ed.B. (Senior Educational Psychologist)
MISS N. M. GATELY, A.A.P.S.W. (Senior Social Worker)
MRS. E. WILL, DIP.SOC.ST. (Social Worker)
MISS A. M. HALL (Remedial Teacher)
*MRS. R. LODGE (Remedial Teacher)
MRS. J. S. THOMAS, L.C.S.T. (Senior Speech Therapist)
MISS D. BLAIR, L.C.S.T. (Speech Therapist)
MRS. J. GADSDON, L.C.S.T. (Speech Therapist)
MISS M. HART, L.C.S.T. (Speech Therapist)
MRS. D. LAUNDON, L.C.S.T. (Speech Therapist from 1/2/1966)

Administrative Assistant: G. E. D. HANCOCK, D.M.A.

Superintendent School Nurse: MISS F. PINDER, S.R.N., S.C.M.

School Nurses: Eighteen full-time

Nurses' Assistants: Six

Clinic Attendants: Six part-time

Clerical Staff: Chief Clerk (J. G. WILSON), twenty Clerks and four shorthand typists

Hostels for Maladjusted Pupils:
ORSTON HOUSE—*Warden and Matron*: MR. AND MRS. C. COLUMBINE

*Part-time Staff

CITY OF NOTTINGHAM EDUCATION COMMITTEE
SCHOOL HEALTH SERVICE

REPORT FOR THE YEAR ENDED 31st DECEMBER, 1966

BY

THE PRINCIPAL SCHOOL MEDICAL OFFICER
DR. F. E. JAMES

To the Chairman and Members of the
City of Nottingham Education Committee

LADIES AND GENTLEMEN,

I have the honour to present the 58th Annual Report of your School Health Service.

In 1966 there were two important retirements. Councillor Dutton retired from the Chairmanship of the Special Services Sub-Committee. My predecessor, Dr. Sprenger, left after 39 years in the service of this Authority, a length of service which must be quite exceptional in these days of rapid moves. The intimate knowledge of local families, schools and people in contiguous services gained by his years of experience will be greatly missed.

In his penultimate report (1964) Dr. Sprenger describes the considerable changes which have taken place in the medical care, health and social conditions of many of the City's children during his years with the School Health Service. Among the changes are differences in the types of abnormality recorded. Rickets and scurvy, bone and joint tubercle, chorea and congenital syphilis have disappeared and in their place we have cerebral palsy, hydrocephalus and spina bifida, and maladjusted children. Unfortunately, there are still a few children to be seen who are dirty, verminous or who wear ill-fitting, torn and inadequate clothing. On enquiry, it invariably transpires that these children are members of "problem families." With the change in social conditions, the virtual disappearance of the diseases preventable with our present knowledge and above all with the advent of the National Health Service, some kind of reorientation of the Service is required. I believe if we are ready to adapt to changes, the School Health Service can be just as useful in the future as it has been in the past. We shall be less concerned with looking for abnormalities which others have missed and more concerned with conditions already being treated by Hospital or General Practitioner colleagues. Our duties are concerned with relating abnormal conditions to education and seeing children with educational problems to enquire whether those problems have a physical basis. Indeed, if our Service were to be exclusively concerned with social problems, we should be failing in our duties to many worthy parents whose children are in need of our help.

STAFF

The Service has in general been very fortunate in the stability of its staff but certain changes are inevitable.

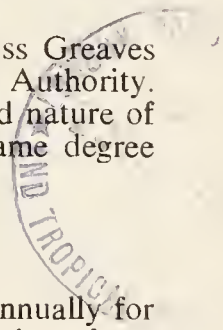
Dr. P. A. Girling left us for family reasons. We are happy to report that she now has a fine young son. We are pleased to welcome Dr. I. M. Green in Dr. Girling's place. Dr. Green has had special experience with children and has the Diploma in Child Health.

Miss S. M. Jackson, who joined Mrs. Fry on a part-time basis in September, is a graduate in Psychology and has had teaching experience in London. Miss Jackson is rapidly becoming skilled in the specialised clinical work of assessing, and advising on the educational problems, of our handicapped children. Miss Jackson is also acting as a remedial teacher taking selected children individually or in small groups after they have been seen at the psychiatric or dyslexia clinics.

Dr. J. S. McCracken, our General Practitioner part-time medical officer, has unfortunately left us as he is single-handed and his practice has enlarged considerably. Having been in general practice, I can sympathise with Dr. McCracken's position. An essential for the School Health Service work is to have time to devote to the job and unless the practice is very small, arrangements are easiest made by a member of a group practice. Obtaining suitable male medical officers presents great difficulty and we have obtained two sessions from Dr. S. W. Gray in place of Dr. McCracken. Dr. Gray has just started in practice after very wide experience in Hospital posts. For the part-time General Practitioner, his work with us ceases during the school holidays and so does his pay, since work like assessing and reviewing handicapped children and clinic work is inevitably given to full-time staff to keep them occupied during school holidays.

Miss C. Poxon retired after 18 years service as Assistant Matron in the Hostel for Maladjusted Children; a very creditable period of work in a difficult setting.

From the clerical staff we have lost the services of Miss Greaves after 26 years and Mrs. Crossland after 10 years with the Authority. Such members are greatly missed for, owing to the very varied nature of our work, it takes new recruits many years to obtain the same degree of proficiency.



MEDICAL INSPECTIONS

In the special schools, inspections have been continued annually for most children but some, especially at the Arboretum, children have been seen each term.

At the infant schools, all entrants have been physically examined and relevant factors in their past medical history obtained. In this respect, the notes of the Health Visitors recording details of the birth, early weeks and months of life are of enormous help because even on simple matters like the age of a child, when he first began to walk unaided or to talk, parents' answers are often inaccurate.

Routine examination of school leavers has been continued as formerly and reports made to the Youth Employment Officer so that due cognizance may be taken of physical factors when giving vocational guidance. Now that the routine examination by the Appointed Factory Doctor on starting work is being questioned, this "leaver" examination becomes of greater importance.

The list of defects reported is listed in the usual way in the Appendix. Unfortunately, these figures do not differentiate between those conditions which were new findings by the school doctor and those already being treated by the General Practitioner or Hospital. Moreover, individual doctors may differ in their assessment, e.g. one doctor may disregard a few acne spots in an adolescent, while another puts it down as a skin abnormality for observation. We can, at any rate, say our figures are not grossly different from those recorded by other Authorities.

In the intermediate stage, the selective medical examinations introduced in 1964 have been continued. Although the idea of selective examinations is older than the School Health Service itself, the organisation of this is based on the work of Dr. Withnall who showed that all the defects found could be divided into two groups, those with symptoms known to the parent and those children with no symptoms. The former group of conditions can be adequately covered with a questionnaire, whereas routine examination has to continue for conditions in the latter group. Surprisingly, abnormalities of vision are found to be in the asymptomatic group and the eyes of all children are examined at least biannually.

My own experience has been that the intermediate selective examinations are a great improvement on the routine overhaul. They are popular with the Head Teachers who have a chance to bring forward problems as they are presented to them. They also help to make the School Health Service more concerned with educational problems. Much more time can be spent on individual cases, but the total time spent on the intermediate selective medicals is certainly not less than previously spent on routine intermediate examinations.

THE SCHOOL DENTAL SERVICE

Report of the Principal School Dental Officer for 1966

Premises and Equipment :

The lack of premises has been felt more acutely than ever before during 1966 as it would have been impossible to employ an additional whole-time dental officer without dispensing with the services of a part-time officer.

A new dental unit, complete with X-ray machine, has been purchased for Bulwell Clinic.

Staffing :

On 31st December, 1966, the dental staff consisted of: —

	Full-time	*Part-time*
Principal School Dental Officer ...	1·0	—
Orthodontist	·5	—
Dental Officers	4·5	1·8
	6·0	1·8
Medical Officers	—	·7
	6·0	2·5

Dental Surgery Assistants: It is interesting to note that whereas on 31st December, 1965, 10 dental surgery assistants produced a whole-time equivalent of 9.2, on 31st December, 1966, it required 13 to produce 9.0.

On 31st December, 1966, Mr. Resnick, dental officer, left the staff for general dental practice. Advertisement has not yet produced a replacement for him.

Disquieting news was received in October that Dr. Phelps, part-time medical officer/dental anaesthetist, would shortly be leaving the City for the County after an association with the City lasting 16 years.

Of the clerical staff, Miss E. M. Greaves, Senior Clerk in the dental department for 22 years, resigned on her marriage in February, 1966. She has been replaced by Miss J. M. Banks and I wish her a long and happy association with the dental section.

Dental Inspection :

During the year, 7,900 children (or some 15% of the school population) had a routine dental inspection in school and 44.5 dental officer sessions were devoted to this work. An additional 6,323 (or some 12% of the school population) were seen as special or casual inspections (4,544 because of pain or sepsis). A total of 14,223 (or some 27% of the school population) therefore were inspected.

Of the 14,223 inspected, 11,672 were found to have some dental defect. Treatment was offered to 10,556 children.

Dental Treatment :

A summary of the dental treatment provided is shown on page 30. Comparative figures for 1965 are shown in brackets.

In addition, a dental officer spent a further 44 sessions working in the Department of Dental Surgery at the General Hospital.

Summary of dental treatment carried out under the Local Health Authority Maternal and Child Health Scheme, by the School Dental Service :

Dental Care of Expectant and Nursing Mothers

Documentation :

Following the Estimates Committee reports on the Dental Services, as from 1st January, 1966, the statistical returns of the year's work of the local health authority dental services must be presented to the Ministry of Health in a different form from those of previous years. The object of this is to integrate the main treatment statistics of this service with those provided by the Dental Estimates Board so that an overall picture of the treatment given to maternal and child health patients may become available.

Suitable recording forms have been incorporated in all dental surgery day books since 1st January, 1966, and the system is working smoothly.

Exact comparison of 1966 figures with those of previous years is not, therefore, easy but the figures for 1965 (where known) have been put in brackets.

Part A. Attendances and Treatment

Number of Visits for Treatment during year

	Children 0–4 (incl.)	*Expectant and Nursing Mothers*
First Visit	342 (369)	172 (241)
Subsequent Visits	50	322
Total Visits	392	494
Number of additional courses of treatment other than the first course commenced during year	—	2
Treatment provided during the year—		
Number of fillings	18 (4)	126 (139)
Teeth filled	16	117
Teeth extracted	761 (866)	694 (701)
General anaesthetics given ...	343 (390)	127 (159)
Emergency visits by patients ...	331	80
Patients X-rayed	2	12
Patients treated by scaling and/or removal of stains from the teeth (Prophylaxis)	6 (Nil)	50 (69)
Teeth otherwise conserved ...	4 (1)	
Teeth root filled		Nil
Inlays		Nil
Crowns		Nil
Number of courses of treatment completed during the year ...	42 (45)	70 (85)

Part B. Prosthetics

Patients supplied with full upper or full lower (first time)	22
Patients supplied with other dentures	35
Number of dentures supplied	84 (105)

Part C. Anaesthetics

General Anaesthetics administered by Dental Officers	14

Part D. Inspections

	Children 0–4 (incl.)	*Expectant and Nursing Mothers*
Number of patients given first inspections during year	360 (389)	190 (231)
Number of patients who required treatment	354	190
Number of patients who were offered treatment	344	188

Part E. Sessions

Number of Dental Officer Sessions (i.e. Equivalent complete half-days) devoted to Maternity and Child Welfare Patients:	
For Treatment	86
For Health Education ...	Nil

Inspection and Treatment

Comparing the statistics for 1966 with those known for 1965, it may be seen that there is a fall in the numbers of maternal and child health patients dentally inspected and treated. There is a consequential fall in the amount of treatment given.

One disquieting factor which the statistics presented does not show, is the rate of absenteeism in dental treatment attendances: —

	Children 0–4 (incl.)	*Expectant and Nursing Mothers*
Appointments made	438	639
Absences without prior notification	46	145
% absentee rate	10.5%	22.7%

This would appear to show a lack of appreciation by the general public of the value of these services and also of their cost to public funds.

The whole volume of dental treatment is inadequate when related to the population of the City. This is in large measure owing to shortage of professional and ancillary staff. It could also be due, at least in part, to the isolation of the dental services from existing welfare centres. In this respect it is gratifying to know that towards the end of the year, accommodation for dental use was proposed to be provided in the planned Hyson Green Health Centre and that the local authority dental services may have a suite there. As an example of planning policy, this is undoubtedly sound and could even be considered to be repeated in the planning of other Health Centres in the City in the years to come.

Mental Health Service
Dental Care

Emergency treatment continued to be available at Education Committee Dental Clinics. During the year, 30 patients presented for advice or treatment, of whom 26 were treated. Thirty-nine appointments were given, of which 32 were kept. Sixty-six temporary teeth and 23 permanent teeth were extracted: 27 general anaesthetics being given.

We have to express our gratitude to Head Teachers and teaching staffs, the staffs of the Education and Health Departments, to the Hospital Services and to the Nottinghamshire County Council dental laboratory for their invaluable co-operation and support. We hope that the obvious interest displayed in the service by the Chairman and members of the Special Services Sub-Committee, who kindly visited the central clinic in September, 1966, will shortly bear fruit.

W. McKAY, L.D.S., R.C.S.(Edin.)

Principal School Dental Officer.

HANDICAPPED PUPILS

The figures for handicapped children continue at a high level since improved paediatric medicine and surgery are resulting in many children surviving who would previously have died. Although we would very much like these conditions to be prevented, in the majority of cases the abnormality arises from conditions before birth; by the time the children come to school we must accept them as they are and make provision accordingly. Professor Butler of Bristol has stated that each handicapped child must be considered on these lines: —

1. The basic anatomical abnormality which is treated medically.
2. The limitations of performance in specific fields dictated by the lesion. It is at this level where education and medicine meet, since a limitation of performance in education may profoundly affect the child's life, happiness and livelihood.
3. As a result of the limitations of performance, difficulties may arise for the child and his family which can lead to severe social problems.

Some children will present at stage two above, abnormalities in the field of education or behaviour owing to abnormalities in the intellectual or emotional development; and a few children may have these developmental disarrangements associated with emotional tension so that assessment can be most difficult and time consuming.

Blind :

Residential Special School	3
Awaiting residential placement	1

Partially Sighted :

Residential Special School	4
Awaiting residential placement	4
Ordinary School	29

One of the children on the waiting list is from one of the Authority's Children's Homes and he has had, from a social point of view, a grossly disturbed infancy. As there is some doubt whether he is suitable for education in school, he has been assessed at one of the Royal National Institute for the Blind's Assessment Centres. It is considered that in view of all the difficulties, the right procedure would be to give the child a trial in a school for partially sighted E.S.N. children, although he is also considerably maladjusted. This case illustrates the difficulty of adequately assessing whether children with multiple handicaps are suitable for education in school. In doubtful cases it is right to place the child in a suitable school on a trial basis.

Deaf :

Residential Special School	2
Awaiting residential placement	2
Day Special School	27

Nottingham is indeed fortunate in having its own well appointed and well equipped school for deaf and partially hearing children. The alterations at present being undertaken at the school will provide the much needed extra accommodation.

Partially Hearing:

Residential Special School	2
Day Special School	23
Ordinary School	48
Awaiting residential placement	1

One boy, who was severely maladjusted, partially hearing and possibly educationally sub-normal and previously referred to the Local Health Authority as unsuitable for education at school, has been re-ascertained and admitted on trial to the new special school at Larchmoor for the maladjusted deaf and partially hearing. There are a further three City boys who are maladjusted and partially hearing who are dubious starters for education in the sense that, will they be able to learn reading, writing and arithmetic? This combination of hearing loss and maladjustment in children who are not very bright imposes a most formidable challenge to the doctors and one which, with the present state of medical knowledge, we are unable to give adequate help.

Some children with partial hearing manage in the City's primary and secondary schools where they are supervised by Miss A. E. Miller, the peripatetic teacher for the deaf and partially hearing. Her report for the year is as follows:

"The number of children reported by Head Teachers as possibly being deaf has fallen to 54 this year, 21 less than last year. These children were all tested and 28 cases reported to the Clinic for further tests and subsequently seven children were given regular lipreading lessons.

Weekly classes have been held at the following centres: Scotholme, Sidney Pearson Hill, William Crane Infant, William Crane Secondary Girls, Ewing, The Elms, Walter Halls, Nethergate, Rosehill Clinic and Clifton Clinic. The number of children in lipreading classes at present is 28 — 1 Infant, 12 Juniors, 3 Seniors and 12 from Special Schools.

The children who were considered proficient and no longer requiring help with lipreading have been visited from time to time to check if progress has been maintained and in only one case was it found advisable to continue with lipreading. One boy with a considerable hearing loss has gained a place in a Grammar School and one boy has been moved from a Special School to a Secondary Boys' School and is doing very well. One girl has been recommended for transfer from a Special School to the Ewing School for the Deaf.

A new feature in this year's work has been the inclusion of pre-school children. One two-year-old boy was visited weekly at Ransom Hospital from September to the end of the year when he was admitted to the Ewing School, and another two-year-old was visited at his home until he too could be admitted. At the moment three pre-school children are receiving instruction at home each week. Two of these will be attending the Ewing School in September as they will both be two years old by then, the third will continue being instructed at home as he is only eighteen months old. Two other children were visited but appeared to be insufficiently advanced for educational training and they were referred to Dr. James.

It is felt that this work with pre-school children is of increasing importance: —

1. Because of pressure for places at the Ewing School particularly for Nursery children.
2. The need for very early training of parent and child to stimulate the child's hearing and to start the process of learning communication."

Screening tests for children with hearing defects present some technical difficulties and it is now known that repeating words at a standard distance as a lone test of hearing can be fallacious since the loudness of testers' voices vary and background noise cannot be constant. In addition, children may have speech and other defects which interfere with their response. Many Education Authorities for England and Wales now have a scheme for the routine audiometric testing of young children and I very much hope that in the near future such a service will be provided by the School Health Service in Nottingham.

Physically Handicapped :

Residential Special School	8
Day Special School	51
Ordinary School	40
Home Tuition	2
Awaiting residential placement	4

Numbers for the past six years have been fairly constant although as indicated by Dr. Sprenger in his last report, they show an increase on those of ten years ago. Modern advances in medical knowledge are resulting in a change in the types of physical handicaps to be dealt with. For instance, with the present immunisation programme, poliomyelitis is disappearing but modern surgical treatment in early infancy is resulting in the survival of many children with spina bifida and hydrocephalus, although the majority of these children have total paralysis of their legs and are incontinent. This reinforces the trend in the schools for the physically handicapped in the direction of caring for the much more severely handicapped children who require special nursing facilities. In these circumstances, it is particularly fortunate and appropriate that the Committee are hoping to build a new unit for such children in the next few years. The Arboretum Special School was designed as an open air school and although excellent attempts at adaptation have been made, e.g. ramping of classroom steps, the building is in many respects unsuitable for severely handicapped children. Fifteen and sixteen year olds may easily weigh 10 stone or more, so that pushing and turning their wheelchairs to go up short, steep ramps requires considerable strength.

Delicate :

Residential Special School	9
Residential Hostel for Diabetics	1
Day Special School	10
Ordinary School	140

The number of delicate children has declined considerably over the past six years. In the future, the rate of decline may not be quite so marked, as at present about fifty per cent. of the children so classified are suffering from asthma. Although modern drugs alleviate the condition, it still remains in most instances a condition which cannot yet be permanently cured.

Educationally Sub-normal:

Residential Special School	3
Awaiting residential placement	1
Day special school	461
Awaiting placement—day special school	87

This continues to be by far the largest group of handicapped children and unfortunately there is still a considerable waiting list for admission to the E.S.N. Special Schools. The waiting list has been further swollen during the year by a continued staff vacancy at the Westbury Special School. The policy has been continued of only ascertaining children with I.Q.s of between 50 and 70, but in spite of this, the persistent waiting list would suggest that we need further places. This does not necessarily mean that Nottingham has more intellectually sub-normal children than other comparable cities. The Report of the Chief Medical Officer of the Department of Education and Science 1960/61 states "The incidence of children with mental ratios of under 70 would not be less than 10 per 1,000 in any school population and may well be nearer 14 or 15." The Advisory Council on Education in Scotland 1951 reported on this problem, quoting the result of the 1947 Scottish Mental Survey which estimated an incidence of 14 children per 1000 as having I.Q.s between 50 and 70. It, therefore, seems likely that our pressure for places arises because we are nearing complete ascertainment. If we had the 14 places per 1000 mentioned in these surveys, our waiting list for Special Schools would disappear. I should like to express our thanks to those Head Teachers of Special Schools who have taken children with a very poor educational performance on a trial basis. It is often impossible for a doctor to adequately assess these children on the basis of one test.

All educationally sub-normal children are seen by medical officers annually, as such children have a very high incidence of physical abnormalities which interplay with their educational attainment. Another major factor associated with the education of these children is the social and domestic background. In this respect, excellent work is being done in supporting and advising parents by Mrs. Will, one of our Social Workers.

It has been said that schools for the educationally subnormal contain a greater proportion of children born between May and August since these children will have a shorter period in the infant school compared with children born, say, between September and December. One would imagine that this difference of length of time spent in the infant school would be of great importance for the border-line children. We have grouped the children in two of our special schools by month of birth. It will be seen that the May-August group does not appear to be so significant in Nottingham:—

Westbury School	89
Hardwick School	124
	213

Children born January—April	Children born May—August	Children born September—December
75	73	65

Epileptic :

Residential Special School	5
Awaiting residential placement	1
Day special school	2
Ordinary school	105

This is a common handicap and said by some to be the worst treated of all. Dr. Hunter, one of our staff, is making a special study of these children and we hope that in a year or so we shall have gathered a great deal more information about epileptic children both medically and educationally.

Maladjusted :

Residential Special School	5
Awaiting residential placement	3
Boarding Hostels (attending ordinary school) ...	7
Day Special School	3
Ordinary school	34

The above figures almost certainly under-estimate one of the serious problems in some of our schools.

Speech Defects :

Day Special School	1
Ordinary school	2

These are children with extremely severe defects and who may have some degree of permanent handicap in life.

Handicapped School Leavers :

The fate of handicapped school leavers is one of great importance since it is an indication of the extent to which education has been successful in preparing the handicapped child to take his place in the community. Mr. H. A. Spenceley, B.A., Dip.Voc.Guid., the Youth Employment Officer for the City, comments:

POST SCHOOL AFTER CARE AND EMPLOYMENT OF HANDICAPPED PUPILS:

The committee of officers who may in any way have something to contribute to the transition from school into employment of all those pupils who are handicapped has met each term during the year. This committee, with the Director of Education in the chair and the Superintendent of the School Welfare and Attendance Department acting as scribe, is composed of the Principal School Medical Officer, the Head Teachers of the Special Schools, a medical practitioner representing the City Medical Officer of Health, the Chief Welfare Officer, the Disablement Resettlement Officer of the local Employment Exchange and the Officer for Special Cases from the Youth Employment Service. The Committee is primarily concerned to foresee the potential needs of each handicapped pupil who may be leaving school during the current year. It also keeps an eye on those who left a term or so ago and, if at all possible, helps any young worker apparently having trouble in his job or in securing employment.

Usually the prime need of the handicapped school leaver is to be introduced not merely to a job but the right job. This means one which will utilize his handicap as little as possible while at the same time making maximum use of his strengths or challenging his potential, even if this is limited. Quite often a pupil may need a short assessment or a longer course of rehabilitation at an Industrial Rehabilitation Unit before being submitted to employment. These I.R. Units, by reason of their extensive pragmatic "test" situations and case conferences, are often able after an assessment either to suggest particular types of job which the youngster could hold down, or recommend some further education and training. Or by entering a rehabilitation course the young person can be helped to tone up gradually to the possible stresses and strains imposed by a full day's industrial employment.

During the year there have been discussions between the Midland Regional Representative of the Central Youth Employment Executive and the Local Education Authorities adjacent to the Long Eaton I.R. Unit about a scheme under which handicapped children who have passed the statutory age for leaving school but who are still at school, may attend the I.R.U. for certain days each week and continue with their general education on the remaining days. The aim is to select boys and girls who it is anticipated will have difficulty making the transition from school into work and to attempt to smooth this entry for them by a suitable correlated course of induction and education. Details have yet to be fully worked out but it is hoped to start the scheme, at least experimentally, in September, 1967.

During the year under review 98 handicapped potential school leavers (53 boys and 45 girls) from City schools or from schools in other parts of the country to which Nottingham pupils are sent, were considered by the committee. In addition 99 (55 boys and 44 girls) who had previously left school were reviewed.

No great difficulty was experienced during the year in finding jobs for the school leavers. All midsummer leavers, for instance, were placed before the economic squeeze of the Autumn began to have its industrial and employment effects. The placing of children from the Educationally Sub-normal schools was straightforward. These pupils usually become satisfactory workers provided they do not display traits of emotional instability; if this happens they become employment problems. The physically handicapped, who cover about half the cases considered by the committee, naturally not only have a greater variety of handicap but can require a long series of contacts with other statutory or voluntary organisations as well as many more approaches to employers before being placed in work which seems to match their limitations but gives scope for any potential to develop. The fitting or adjustment of artificial limbs, the supply of a wheelchair or the completion of an operation, are all features which have been met with. and whose oversight is the responsibility of an allied service before employment can be considered. Some of these youngsters do not proceed into employment but first enter on a course of further education and vocational training.

The following cases illustrate these points and also indicate how within the compass of a year the committee does not necessarily neatly tie up each case. Many names re-occur again and again at meeting after

meeting as the individuals progress from, say, medical treatment, to education, to training, to induction and so into work; or, unhappily, are shown to be, after careful assessment, almost unemployable:

(a) A boy from a residential school who suffers from a spina bifida resulting in paralysis of his legs: because of his lack of mobility the type of employment open to him must be sedentary. This could be merely repetitive bench work or clerical, the latter, of course, needing a good general education and then specialised training. To give the boy a chance to aim as high as his capabilities allow, arrangements were made for him to attend the Portland College for the Disabled for further general education. This will be followed by vocational training later on according to the standard of education he reaches.

(b) A spastic girl, who attended a two-week assessment course organised by the Spastics Society, was placed in a job making small plastic parts. Although severely handicapped so that she is virtually one-handed, she showed such good perseverance and concentration, coupled with a cheerful and willing spirit, that the firm reports she is holding down the job. This is gratifying because this firm, in response to approaches made to them on the girl's behalf, went to some trouble to make special arrangements to help her enter into its employ.

(c) A girl suffering from rheumatoid arthritis which limited her hand, arm and leg movements, raised a number of problems which it was considered could only be analysed by a special short assessment at the I.R. Unit with a view to a work performance prognostication. The girl was accordingly tested under conditions that she would be likely to meet in employment. The assessment revealed that her handicaps were too severe for her to be considered for employment. She is, at present, attending the Local Authority's Welfare Service Occupation Centre.

CLINICS

Clinic work occupies a very prominent part in the School Health Service. The medical work in these clinics is carried out in some cases by Hospital Consultants but in others, e.g. speech, dyslexia, enuresis and assessment (of E.S.N. children) clinics, by the Committee's own medical officers.

Ophthalmic Clinic :

The three Ophthalmic Consultants from the Regional Hospital Board continue their work at the Central and peripheral clinics, providing the City's school children with a first class ophthalmic service.

Abnormalities of vision are the next most frequent abnormality to dental caries on examination of school children, and once they occur they persist in most cases throughout school life. Dr. Green is taking on a special interest in eyes and in relation to the educational effects of ocular abnormalities. For example, some children with squints who have their good eye covered up have, for a while, extremely poor vision in the remaining eye even with glasses and can have great difficulty in school if teachers are unaware of the exact nature of the problem.

Figures for refractive spectacles provided, orthoptic treatment and squint operations are as follows: —

	1961	1962	1963	1964	1965	1966
No. of pupils on rolls on 31st December	51,694	50,846	50,382	50,188	50,488	51,274
Pupils refracted	4,536	4,477	4,664	4,077	4,253	4,264
Percentage	8.8	8.8	9.2	8.1	8.4	8.3
Spectacles prescribed (pupils)	1,504	1,525	1,457	1,349	1,507	1,442
Percentage	2.9	3.0	2.8	2.7	3.0	2.8

Orthoptic Treatment at the Nottingham Eye Hospital:

	1961	1962	1963	1964	1965	1966
New cases treated ...	72	75	67	72	56	70
Total treated	165	153	146	168	140	104
Awaiting test or treatment at end of year ...	5	6	3	6	8	11

Operations for Squint at the Nottingham Eye Hospital:

	1961	1962	1963	1964	1965	1966
Number of operations ...	41	38	48	37	38	48
On waiting list at end of year	22	18	14	35	31	23

Ear, Nose and Throat Clinics:

These have continued under the Regional Hospital Board Consultants, Mr. Neil and Mr. Hogarth.

Figures for attendance, etc., are as follows: —

Total number of children	900
New cases	731
Total attendances	1,137
Number of sessions held	80
Number of children referred for operation ...	386
Cautery	9
Other forms of treatment	66

As noted by Dr. Sprenger in his last report, the Tonsil and Adenoid Unit at the Central School Clinic has now been closed. Dr. Sprenger tells us that the Tonsil and Adenoid Unit was originally started because at that time the waiting list at the local hospitals was about eighteen months and now, forty years later, it is about the same or even longer. Mr. Hogarth and Mr. Neil report that the delay is entirely owing to lack of beds and they have requested the Hospital Authorities to rectify this. Let us hope that in spite of the many demands, extra beds will be made available for this purpose as some children, because of irregular school attendance whilst waiting for surgery, suffer serious educational consequences. A few may also suffer serious medical complications.

Paediatric Clinic:

	Number of cases	*Number of attendances*
Heart conditions	50	68
Undescended testicles	28	36
Obesity, development, etc. ...	77	126

Dr. Page, the Regional Hospital Board Consultant, continues to hold his clinic once weekly in our Central School Clinic. Patterns of paediatric illness have changed in recent years but we continue to need the paediatric physician's help in our work with handicapped children. To be able to see Dr. Page and discuss certain cases saves a lot of time and letter writing.

Child Psychiatry Clinic (Child Guidance) :

Examinations (New Cases) :

Number of children seen by Psychiatrists	174
Number of children seen by Physician	183
(Children referred as psychiatric problems for the first time: 243)	
Number of children seen by Educational Psychologist	233
Number of parents seen by Social Workers ...	218

Re-examination :

Number of children seen by Psychiatrists (excluding 532 treatment interviews)	133
Number of children seen by Physician	33
Number of children seen by Educational Psychologist	10
Number of parents seen by Social Workers ...	118

Attendances and Visits :

Children's attendances for treatment	581
Interviews with parents	1,190
Interviews with others	291
Home Visits by Social Workers	282
Hostel Visits by Social Worker	52

Children treated during the year :

By Psychiatrists	122
By Psychiatric Social Worker	7
In Boarding Homes	15

This clinic continues to work to capacity and behaviour problems in one form or another make up the largest group. We have been fortunate in having the services of Dr. Arkle, our Consultant Child Psychiatrist, and Dr. Edmondson, the Senior Registrar, both seconded by the Regional Hospital Board, who have assessed and in many cases treated the most difficult children. An immense amount of work is done on each child by the Child Guidance team who discuss their findings and a group recommendation is made. When hearing the histories of these children, so often there is the story of broken marriages and large families, and frequently these go together. In 50 unselected cases there were either broken marriages or the children were in Children's Homes or foster homes in 20 instances. The sad feature about so much of this work is that it should be necessary. If the responsibilities of marriage and parenthood were acted upon and if parents made the effort to consistently and quietly discipline their children, many a classroom would be a happier place, fewer cases would be referred to Child Guidance, fewer children passed to the Children's Department and, most important

of all, there would be many more happy and well adjusted families and children. Dr. Arkle has kindly and helpfully commented on the situation for us—

"It is a sad fact that many parents have either lost or never acquired the capacity to create a home atmosphere which is stimulating and emotionally warm and which provides the necessary controls. If the growing and developing child is given the wrong kind of nurture, he reacts either with disturbed behaviour or with emotional illness which, in other circumstances, might have remained latent and inactive.

"It is indeed a frightening thought that both types of disorder are on the increase. We feel compelled to advise the Local Education Authority to consider establishing a residential school for emotionally disturbed children. This would assure, at least for those children who are most seriously affected, a secure setting in which they could receive social training as well as education. Too many young children come to our schools with no social training. It would be an impossible task for our teachers to train these children, as well as educating them. Social training in the last analysis is the 'primary responsibility of the parents'. It may be that we have been over-zealous in helping our boys and girls to become efficient workers in a competitive, materialistic society and have neglected teaching them the art and craft of building a good home for themselves and their children. In the past, these constructive home-building and maintaining techniques were handed down from one generation to the next, but increased mobility and rapid social change have caused these normal processes to wither. It may prove necessary to introduce the art and craft of home making and the development of personal relationships into the school curriculum as a school subject, thus providing the necessary teaching and experience which large numbers of parents appear to lack.

"It would be tragic if advance in science and arrested emotional development were to go hand in hand and cancel each other out."

Orston House Hostel for Maladjusted Boys:

	Orston House (incorporating The Gables)	
	City Boys	*Notts. County Council Boys*
At the beginning of 1966, in residence ...	5	2
Admitted during 1966	10	3
Discharged during 1966	7	2
At the end of 1966, in residence	7*	4*

*1 City boy transferred to Notts. County Council during year.

This unit has continued in its work with severely disturbed boys and has been fully occupied throughout the year. In addition to the problems of behaviour, over half the children have soiled or wetted on their admission, but we are extremely fortunate in having Mr. and Mrs. Columbine who manage the boys, their parents and the hostel so well. Miss Poxon, the assistant matron, has retired after 18 years of service with maladjusted boys. It was most appropriate that members of the Special Services Sub-Committee were able to meet her and convey the Committee's good wishes for her retirement. We welcome Miss Robinson in her place.

Educational Assessment Clinic :

Examinations, Attendances and Visits :

Number of children (new cases) seen by Educational Psychologist	865*
*Includes 53 Annual Selection Tests	
Children's attendances for treatment by Educational Therapists	4,941
School visits by Educational Psychologists ...	780
Children treated by Educational Therapists ...	288

These clinics are conducted by the Educational Psychologists who assess children on various tests and advise head teachers accordingly.

Mrs. Fry comments as follows:

"Children who are not making normal progress in school are referred by Head Teachers for the Educational Psychologists to test and assess the reason for the retardation in school work. Frequently, these children are of below normal intelligence and, consequently, are slow learners, or they may be quite bright and are not applying themselves educationally. Amongst this group, too, are children who would benefit by transfer to a Special (E.S.N.) School where they can receive more individual attention and specialised teaching. The co-operation of the schools with the School Psychological Service is excellent and the discussions with Head Teachers and teachers regarding children who have been examined are extremely valuable."

Educationally Sub-normal Assessment Clinic :

Number of children ascertained during 1966 as needing special educational treatment in Day E.S.N. Special Schools ...	75
Number of cases referred to Local Health Authority during 1966 as being unsuitable for education at school (Section 57(4) of the Education Act 1944)	21
Number of cases reviewed under Section 57A and ascertained as suitable for education at school	1

For those children who are referred to the Mental Health Department, it is our endeavour to make this as easy and as informal as possible. Medical officers take a great deal of trouble to explain to parents that it is not a case of the child being cast out, but that the Junior Training Centre is really a kind of school, and is the one most suited to their child's needs. Here the child can be taught to develop socially, can learn handicrafts, enjoy games and music and, if at any time there is an indication of his being able to learn to read or write, he can be re-admitted to the educational system.

Speech Therapy Clinic :

The following is a summary of the work carried out during the year: —

Number of:—

Children treated	424
Children under supervision	674
*Children discharged	415
School visits	114
Children awaiting treatment on 31st December, 1966	19

*Analysis of 415 children discharged:—

Maximum benefit	306
Improved	60
No co-operation	2
Removed from waiting list	1
Left school or district	46
Referred to Child Guidance	0
Treated elsewhere	0

Visitors:—

Second year students	4
First year students	3

This department was very forunate in its staffing position throughout 1966. Owing to various difficulties, the work on comparison of speech defects in treated and untreated cases is not yet complete but it is hoped to include the final episode of this necessarily rather long piece of work next year.

Mrs. J. S. Thomas, Senior Speech Therapist, has let me have the following note:

"The speech therapists working in Nottingham are extremely fortunate in that they have such a varied field of operations within the school clinics, special schools and hospitals in the City. This field has been extended still further this year to include the Ewing School for the Deaf.

It is only recently that speech therapists and teachers of the deaf have begun to investigate the areas of possible co-operation between their respective professions; the experiment here in Nottingham is proving a very interesting and stimulating one. In the past, there has been a good deal of mutual misunderstanding between the two professions. For example, a widely held view on the part of teachers of the deaf has been that we speech therapists are obsessed with articulation whereas, in fact, speech therapists use hearing training, language training, speech training, reading and writing in the treatment of speech disorders. There must be a great similarity in our approach to the problems of improving the powers of comprehension and communication in our children, whether they are profoundly deaf or suffering from a specific expressive or receptive language disability. All the various speech, language and voice disorders with which a speech therapist is familiar, must occur in deaf children and, in these cases, the need for the services of both teacher of the deaf and speech therapist is obvious. There are also many common problems needing further investigation and research. For example, language, what do we mean by normal and defective language, how do we measure this, how does it vary in deaf children, speech defective hearing children and normal children? I hope that we shall be able to continue to explore our common ground and perhaps, in time, discover the answers to some of these questions."

Dyslexia Clinic:

Number of Children seen (five months) 47

This is a new clinic which has been started in an endeavour to give more help to children who are referred on account of reading difficulty, yet are not educationally sub-normal. In common with most other Authorities, we have a considerable number of these children. In the year 1965, out of 746 children referred to Mrs. Fry only 134 were in need of special education on our present working basis. The rest were failing for a variety of reasons and it is the function of the Clinic to try to assess where the child's difficulty lies and to advise accordingly. The Clinic is not committed to any firm view as to whether there is an entity "dyslexia" although those of us working in the Clinic have certain tentative views. Reading is certainly not the only thing which matters in education but a child who is seriously retarded in reading is, within the present organisation, at a great disadvantage even if he is good in other directions.

Mrs. Fry comments as follows: —

"The Dyslexia Clinic is a recent innovation in the School Health Service and already a number of children have been referred for examination. Each child has a neurological examination and psychological tests to determine the reason for poor reading ability. The type of child who is likely to be in this category is of normal or higher intelligence, who has a tendency to reverse letters and numbers and whose spelling is bizarre. Their movements may be clumsy and awkward and reading is well below their innate ability.

Already the diagnoses are proving interesting and when a sufficient number of children have been examined, the results will be communicated to the schools."

Remedial Teaching:

Our remedial teachers help many children who are referred to them by the educational psychologists, the child psychiatrists or referred by the speech clinic. They are almost exclusively concerned with reading and writing.

General Duty Clinic:

The General Duty Clinic is concerned with such duties as the examination of teachers and teacher candidates.

Number of examinations carried out:

Teachers	156
College of Education Candidates	259
Nursery Nurses	44
Others	16

Juvenile Court cases, children being admitted or discharged from convalescent homes and reviewing handicaped children before returning to residential schools are also seen at this clinic. A further duty—a sign of the times—which has been added this year is the examination of teachers and college lecturers employed in handling radio-active substances

It is surprising to us how many young people, students and others, fail their appointments without having the courtesy to telephone and say they are unable to keep the appointment. Each appointment failed wastes about half-an-hour of the doctor's time.

Minor Ailments Clinic :

This is an aspect of our work which has been most useful in the past but with the increasing use of general practitioner, hospital and health centre services provided by the National Health Service, it is anticipated that the need for these clinics will decrease. In the majority of instances, treatment given was either in the nature of first aid or treatment given to children who would not otherwise be taken to a doctor. Locations of the clinics and children's attendances appear in the Appendix.

Audiometry Clinic :

Number of sessions	15
Total number of attendances	276
Number of children tested for the first time ...	243

Very valuable work in audiometry, including many specialised tests, has been carried out by Mr. E. F. Ward, Audiometrician, on selected children. He has also given us much helpful advice on the subject of hearing aids. I very much hope he will be able to continue this work for us in the future.

Enuretic Clinic :

Number of Children seen (seven months) ...	69

This is a revised form of the old Pad and Bell Clinic which is now being conducted by Dr. Laing. There are a considerable number of children starting school who are still not dry at nights and Dr. Laing has the task of sorting out those who have some organic disease, those who can be treated by the Pad and Bell, those who require drug treatment and those who have to be referred to the Child Psychiatrist. In a few instances, it has been found that the pad and bell apparatus is quite impracticable owing to several children sleeping in one bed and the family not possessing sheets. Unfortunately, such families invariably have disturbed relationships and are likely to produce emotionally disturbed and enuretic children.

Electrical and Other Treatment :

The following treatment was carried out by the School Nurses at the Central School Clinic: —

Ultra-Violet Ray :

Number of children treated	5
Number of attendances	36

Ionisation :

Number of children treated	63
Number of attendances	534

Proetz :

Number of children treated	26
Number of attendances	115

The number of children treated with ultra-violet rays and Proetz therapy has decreased in recent years and will probably decrease further as more effective treatment becomes available. The ionisation treatment of warts also leaves much to be desired and it is hoped an easier and more effective treatment may be found in the future.

SCHOOL NURSES:

School visits—general	1,017
„ „ —nursery schools and classes	636
„ „ —medical inspections with School Medical Officer	1,876
„ „ —uncleanliness	12
„ „ —investigating infectious disease	3
Home visits—general	1,761
„ „ —uncleanliness	1,004
„ „ —deafness and other ear conditions	92
„ „ —absentees from ophthalmic clinic	837
Clinic sessions	3,825

As Dr. Sprenger has previously commented, the work of our school nurses cannot be evaluated on a statistical basis. We are very dependent upon them for our good public relations and often their good *rapport* with parents is used in persuading or advising on the better management of home affairs.

ORTHOPAEDIC TREATMENT:

The local Hospital Management Committees have kindly let me have the following figures relating to City school children: —

Children treated as out-patients:

At Nottingham Orthopaedic Clinic	93
At Nottingham Children's Hospital	223

Children treated as in-patients:

At Harlow Wood Orthopaedic Hospital	31
At Nottingham Children's Hospital	220

COLOUR VISION:

	Children with defective colour vision		
	Boys	*Girls*	*Total*
Secondary Modern Schools (Leaver)	109	3	112
Grammar Schools (Leaver)	18	2	20
Junior Schools (Intermediate)	21	–	21
TOTALS	148	5	153

This information is useful when giving vocational advice to school leavers.

CLEANLINESS:

	1961	1962	1963	1964	1965	1966
On school rolls ..	51,694	50,846	50,382	50,188	50,488	51,274
Examinations	162,576	152,551	140,544	133,105	134,723	131,479
Number found unclean	4,458	3,745	3,500	3,800	3,803	3,633
Percentage of the number on rolls ..	8·6	7·4	6·9	7·6	7·5	7·1
Statutory notices to parents	61	69	55	24	26	25
Children cleansed ..	53	56	42	24	22	17

Our nurses and nurses' assistants are constantly employed in checking and keeping children free from vermin and by far the most important offender in this connection is the head louse. The standard of cleanliness expected is high and according to Ministry advice, treatment is suggested for a child if there are only a few eggs (nits) found in the hair. This is a duty to the rest of the children in the class. The problem will not be materially altered until all the members of the family can be cleansed and there are a few families which are persistent offenders in this direction. The nurses always make home visits with offers of help before statutory notices are sent.

Looking back over the past years, slight improvement over all is seen.

Year	*Percentage of school population found with infected heads*
1952	8.5
1953	9.9
1954	9.9
1955	12.5
1956	11.5
1957	10.8
1958	10.2
1959	9.3
1960	8.5
1961	8.6
1962	7.4
1963	6.9
1964	7.6
1965	7.5
1966	7.1

INFECTIOUS DISEASES:

	1961	1962	1963	1964	1965	1966
Chicken Pox	784	2,286	1,039	2,240	1,244	1,636
Measles	1,589	855	1,749	1,226	1,360	1,074
German Measles ...	577	1,177	3,761	127	190	265
Mumps	318	416	2,292	753	815	1,810
Scarlet Fever	74	38	99	95	255	222
Whooping Cough ...	88	45	220	106	106	169

There has been an increase in Scarlet Fever but this has been a mild disease compared with the severe form it has taken in the past. Moreover, with modern treatment, its course is shortened and there should be no serious sequelae.

Infectious hepatitis has occurred in some of our schools. This is an illness with a very long incubation period and the number of children with this condition may increase during 1967.

IMMUNISATION AND VACCINATION:

I am indebted, for the following statistics, to the Medical Officer of Health, who points out that the figures for poliomyelitis and diphtheria refer to the whole child population of school age in the City, whereas the figures for B.C.G. vaccination apply only to those schools maintained by the Education Authority.

Poliomyelitis Vaccination:

The following table shows the number of school children who have received primary courses at 31st December, 1966. In addition, 17,777 of these children were given their fourth dose against poliomyelitis.

Year	*No. of Children*	*Estimated Population Ages 5 to 15 years*	*Percentage*
1961	38,028	48,400	78·6
1962	39,782	47,700	83·4
1963	41,533	46,500	89·3
1964	41,652	46,900	88·3
1965	41,883	46,400	90·3
1966	42,099	46,400	90·7

Diphtheria Immunisation:

The table shows the number of children who have been immunised against diphtheria at 31st December, 1966.

Year	*No. of Children*	*Estimated Population Ages 5 to 15 years*	*Percentage*
1961	40,724	48,400	84·1
1962	38,855	47,700	81·4
1963	38,602	46,500	83·0
1964	38,707	46,900	83·0
1965	40,989	46,400	88·3
1966	41,606	46,400	89·7

B.C.G. Vaccination:

	1961	1962	1963	1964	1965	1966
Maintained Schools visited ...	45	47	47	45	40	40
No. of 13 year olds	4,938	4,768	4,695	4,716	4,287	4,652
No. of acceptances	3,606	3,631	3,482	3,387	3,159	3,319
No. of refusals	1,224	1,032	1,105	1,194	985	1,199
No. of others	108	105	108	135	143	134
No. tested	3,394	3,396	3,298	3,346	3,226	3,578
Negative reactors vaccinated	3,050	2,863	2,781	2,815	2,475	2,317
Positive reactors	285	454	424	371	440	865

DEATHS IN CHILDREN OF SCHOOL AGE:

During the year, 18 deaths are recorded, the reasons being as follows: —

Road accidents (including one boy who fell from a cycle in a park)	4
Death associated with immersion in water	2
Murdered	1
Death following injury sustained at Rugby football	1
Heart conditions	2
Neoplastic Disease	3
Status Asthmaticus	1
Muscular Dystrophy	1
Glomerulo Nephritis	1
Osteomyelitis and septicaemia	1
Peritonitis (perforation of small intestine)	1

Road accidents thus continue to be the major cause of deaths in children of school age and violence in one form or another accounts for nearly a half of all deaths.

ROAD ACCIDENTS:

The Chief Constable informs me that, in addition to the fatal accidents, 366 City school children were injured in road accidents: —

	Pedestrians	*Pedal cyclists*	*Passengers in vehicles*
Serious	68	24	1
Slight	193	61	19

These are sad figures since they represent unnecessary suffering.

NOTTINGHAM CHILDREN'S HOMES, SKEGNESS

368 boys and 376 girls spent a holiday in one or the other of these Homes.

It is the endeavour of all concerned in making the arrangements that those children who stand most in need are the ones who go. This is not always an easy task and imposes difficulties on Mr. and Mrs. Nicoll and Miss Cockeram at the Skegness Homes since some of these children may not be very clean, may not have the required clothing for the period and may not conform to the usual standards of domestic manners. There is no doubt, however, that the children enjoy the holiday and they derive great benefit from it in very many respects. Special mention must be made of Miss Cockeram who retires after having served as Matron of the Girls' Home for 34 years. All who know this service have testified to the great work she has done.

CONVALESCENT HOMES:

During the year 41 children spent a period in a convalescent home, compared with 51 last year: —

Charnwood Forest Convalescent Home, Woodhouse Eaves	17 children
Roecliffe Manor Convalescent Home, Woodhouse Eaves	24 children

During the Spring, Charnwood Forest Convalescent Home, where many of the younger school children convalesced, closed. Fortunately Roecliffe Manor, the neighbouring Home, has been able to take all our cases. These are children who have had major operations or illnesses and require a period of convalescence before returning to school. This has been a most valuable service since many children come from homes which, for various reasons, are not suitable for the convalescent child. Our thanks are also due to the Matrons for many helpful reports on the children.

MEDICAL MEETINGS:

We have commenced once a term meetings at Chaucer Street Clinic attended by both doctors and teachers. The object of the meeting is to discuss the problems of certain children in whom educational and physical or developmental factors interplay. One is always loath to start further meetings but I feel these are justified as they serve a very definite purpose.

CONCLUSION:

I should like to take this opportunity of expressing my gratitude for the welcome which has been extended to me and to thank the members of the Special Services Sub-Committee for the encouragement they have given. My special thanks are due to the Director for the helpful advice he has always readily given and to Mr. Hancock for his loyal support and for initiating me into the administrative running of a Department.

Finally, I must acknowledge the co-operation of all my staff, of head teachers and teachers and of hospital consultants who have freely given information on our children.

I am, Ladies and Gentlemen,

Your obedient Servant,

F. E. JAMES,

Principal School Medical Officer.

APPENDIX "A"

Dentfl inspection and treatment carried out by the Authority during the year ended 31st December, 1966

Attendances and Treatment

	Ages 5 to 9	*Ages 10 to 14*	*Ages 15 & over*	*Total*
First Visit	4,013 (3,974)	3,922 (3,804)	775 (657)	8,710 (8,435)
Subsequent Visits	2,394 (2,393)	11,382 (8,861)	2,586 (1,798)	16,362 (13,052)
Total Visits	6,407 (6,367)	15,304 (12,665)	3,361 (2,455)	25,072 (21,487)
Additional courses of treatment commenced	43 (54)	180 (130)	22 (24)	245 (208)
Fillings in permanent teeth	1,868 (1,899)	13,451 (8,731)	3,703 (2,035)	19,022 (12,665)
Fillings in deciduous teeth	242 (108)	71 (33)	— —	313 (141)
Permanent teeth filled	1,587 (1,635)	11,655 (7,825)	3,220 (1,830)	16,462 (11,290)
Deciduous teeth filled	215 (100)	71 (30)	— —	286 (130)
Permanent teeth extracted	552 (619)	2,453 (2,454)	512 (557)	3,517 (3,630)
Deciduous teeth extracted	9,384 (8,590)	2,076 (2,225)	— —	11,460 (10,815)
General anaesthetics	3,590 (3,493)	1,900 (1,975)	228 (236)	5,718 (5,704)
Emergencies	3,237 (3,188)	1,160 (1,418)	147 (198)	4,544 (4,804)

Number of Pupils X-rayed	537	(571)
Prophylaxis	2,278	(1,827)
Teeth otherwise conserved	120	(102)
Number of Teeth root filled	16	(29)
Inlays	2	(4)
Crowns	29	(17)
Courses of treatment completed	3,419	(3,128)

(1965 statistics in brackets)

Orthodontics

Cases remaining from previous year	141	(73)
New cases commenced during year	146	(124)
Cases completed during year	105	(52)
Cases discontinued during year	36	(4)
Number of removal appliances fitted	187	(168)
Number of fixed appliances fitted ..	—	(—)
Pupils referred to Hospital Consultant ..	8	(9)

Prosthetics

	5 *to* 9		10 *to* 14		15 *& over*		*Total*	
Pupils supplied with F.U. or F.L. (first time)	—	(—)	—	(—)	—	(—)	—	(—)
Pupils supplied with other dentures (first time)	5	(10)	69	(62)	26	(45)	100	(117)
Number of dentures supplied	5	(11)	70	(63)	25	(47)	100	(121)

Anaesthetics

General anaesthetics administered by Dental Officers	188	(238)

Inspections

(*a*)	First inspection at school. Number of Pupils ..	7,900	(7,977)
(*b*)	First inspection at clinic. Number of Pupils ..	6,323	(6,022)
	Number of (*a*) + (*b*) found to require treatment ..	11,672	(12,714)
	Number of (*a*) + (*b*) offered treatment	10,556	(12,043)
(*c*)	Pupils re-inspected at school or clinic	253	(235)
	Number of (*c*) found to require treatment	201	(200)

Sessions

Sessions devoted to treatment	3020·5	(2,475·5)
Sessions devoted to inspection	44·5	(49·5)
Sessions devoted to Dental Health Education ..	Nil	(Nil)

(1965 statistics in brackets).

APPENDIX "B"

MEDICAL INSPECTION AND TREATMENT RETURN

Year ended 31st December, 1966

Part I—Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Nursery and Special Schools)

TABLE A—PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By Year of Birth)	*Number of Pupils Inspected*	*Physical condition of pupils inspected*		*No. of Pupils found not to warrant a medical inspection*	*Pupils found to require treatment (excluding Dental Diseases and Infestation with Vermin)*		
		Satisfactory	*Unsatisfactory*				
		No.	*No.*		*For defective vision (excluding squint)*	*For any of the other conditions recorded in Part II*	*Total individual pupils*
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1962 and later	181	181	—	—	4	18	22
1961	1,938	1,938	—	—	103	354	436
1960	2,793	2,793	—	—	155	622	718
1959	829	829	—	—	38	202	222
1958	2,451	2,451	—	704	228	483	665
1957	1,595	1,595	—	379	170	362	491
1956	494	494	—	20	61	118	166
1955	1,127	1,127	—	814	154	259	380
1954	410	410	—	375	60	103	152
1953	454	454	—	—	103	90	169
1952	1,473	1,473	—	—	221	213	406
1951 and earlier ..	2,514	2,514	—	—	479	294	712
Total	16,259	16,259	—	2,292	1,776	3,118	4,539

Part I, Tables B and C appear on page 34

Part II—Defects found by Medical Inspection during year

Defect Code No. (1)	Defect or Disease (2)	(3)	Periodic inspections				Special Inspections (8)
			Entrants (4)	Leavers (5)	Others (6)	Total (7)	
4	Skin	T	129	79	202	410	183
		O	32	2	23	57	41
5	Eyes—						
	(*a*) Vision ..	T	283	527	966	1,776	713
		O	350	11	332	693	1425
	(*b*) Squint ..	T	218	67	242	527	269
		O	52	2	32	86	515
	(*c*) Other ..	T	22	15	35	72	25
		O	—	1	18	19	8
6	Ears—						
	(*a*) Hearing ..	T	72	26	126	224	111
		O	84	4	124	212	129
	(*b*) Otitis Media	T	34	13	61	108	50
		O	47	2	31	80	32
	(*c*) Other ..	T	22	6	38	66	93
		O	22	3	27	52	34
7	Nose and Throat	T	338	46	292	676	434
		O	387	11	296	694	312
8	Speech	T	64	4	75	143	32
		O	60	—	41	101	62
9	Lymphatic Glands	T	2	1	1	4	—
		O	10	1	6	17	1
10	Heart	T	25	7	31	63	14
		O	49	4	59	112	50
11	Lungs	T	70	28	96	194	29
		O	96	7	134	237	87
12	Developmental—						
	(*a*) Hernia ..	T	18	1	21	40	12
		O	47	4	22	73	17
	(*b*) Other ..	T	44	41	87	172	73
		O	162	21	346	529	270
13	Orthopaedic—						
	(*a*) Posture ..	T	5	3	10	18	3
		O	13	1	16	30	6
	(*b*) Feet ..	T	45	18	47	110	14
		O	55	—	43	98	31
	(*c*) Other ..	T	43	30	74	147	57
		O	46	6	47	99	49
14	Nervous System—						
	(*a*) Epilepsy ..	T	15	15	44	74	16
		O	15	2	50	67	27
	(*b*) Other ..	T	10	7	30	47	14
		O	18	2	61	81	29
15	Psychological—						
	(*a*) Development	T	38	17	172	227	195
		O	182	—	244	426	151
	(*b*) Stability ..	T	14	14	51	79	162
		O	73	3	82	158	227
16	Abdomen ..	T	10	4	15	29	12
		O	35	1	36	72	40
17	Other	T	3	6	15	24	183
		O	36	4	123	163	70

PART I (*continued*)—TABLE B.—OTHER INSPECTIONS

Number of Special Inspections	8,746
Number of Re-inspections	5,539
Total	14,285

TABLE C.—INFESTATION WITH VERMIN

(*a*)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	131,479
(*b*)	Total number of individual pupils found to be infested	3,633
(*c*)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1954)	25
(*d*)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	17

Part III. Treatment of Pupils attending Maintained Primary and Secondary Schools (including Nursery and Special Schools)

TABLE A.—EYE DISEASES, DEFECTIVE VISION & SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	588
Error of refraction (including squint)	5,146
Total	5,734
Number of pupils for whom spectacles were prescribed	2,024

TABLE B.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment—	
(*a*) for diseases of the ear	152
(*b*) for adenoids and chronic tonsillitis	650
(*c*) for other nose and throat conditions	89
Received other forms of treatment	1,223
Total	2,114
Total number of pupils in schools who are known to have been provided with hearing aids:—	
(*a*) in 1966	32*
(*b*) in previous years	90†

*Includes 7 pupils from other Authorities' areas.
†Includes 31 pupils from other Authorities' areas.

TABLE C.—ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(*a*) Pupils treated at clinics or out-patient departments	316
(*b*) Pupils treated at school for postural defects	—
Total	316

TABLE D.—DISEASES OF THE SKIN (excluding uncleanliness, for which see TABLE C of Part I)

	Number of cases known to have been treated
Ringworm—(*a*) Scalp	4
(*b*) Body	9
Scabies	107
Impetigo	129
Other Skin Diseases	2,907
Total	3,156

TABLE E.—CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Guidance Clinic	432

TABLE F.—SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech therapists	424

TABLE G.—OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
(*a*) Pupils with minor ailments	3,551
(*b*) Pupils who received convalescent treatment under School Health Service arrangements	41
(*c*) Pupils who received B.C.G. Vaccination	2,317
(*d*) Other than (*a*), (*b*) and (*c*) above:	
1.—by the Authority: U.V.R.	5
2.—by the Authority: paediatrics	105
3.—by the Authority: heart cases	50
4.—at hospital: paediatrics and general medicine	389
5.—at hospital: Orthopaedic and general surgery	878
Totals (*a*)—(*d*)	7,336

HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS APPROVED UNDER SECTION 9(5) OF THE EDUCATION ACT 1944, OR BOARDING IN BOARDING HOMES

	During the calendar year ended 31st December, 1966:—			Blind	P.S.	Deaf	Pt. Hg.	P.H.	Del.	Mal.	E.S.N.	Epil.	Sp. Def.	TOTAL Cols. (1) to (10)
				(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	9	(10)	(11)
A	Number of handicapped children newly assessed as needing special educational treatment at special schools or in boarding homes.		boys	—	1	2	4	12	7	14	47	—	—	88
			girls	1	1	1	2	5	2	1	31	2	1	45
B	Number of children newly placed in special schools (other than hospital special schools) or boarding homes.	(i) of those included at A above	boys	—	—	1	3	6	5	12	13	—	—	40
			girls	—	—	1	2	4	2	1	7	1	1	19
		(ii) of those assessed prior to January, 1966	boys	—	1	2	—	1	—	—	28	—	—	32
			girls	—	—	—	—	3	—	—	28	—	—	31
		(iii) TOTAL newly placed	boys	—	1	3	3	7	5	12	41	—	—	72
			girls	—	—	1	2	7	2	1	35	1	1	50

				On 19th January, 1967, number of children from the Authority's area:—	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
C	(i)	requiring places in special schools other than hospital special schools	(*a*) day places	boys	—	—	—	—	—	1	—	58	—	—	59
				girls	—	—	—	—	—	—	—	36	—	—	36
			(*b*) boarding	boys	2	—	1	1	2	—	3	1	—	—	10
				girls	—	—	—	—	1	—	—	—	—	—	1
	(ii)	included at C(i) who had not reached the age of 5 awaiting	(*a*) day places	boys	—	—	—	—	—	—	—	—	—	—	—
				girls	—	—	—	—	—	—	—	—	—	—	—
			(*b*) boarding places	boys	—	—	—	—	—	—	—	—	—	—	—
				girls	—	—	—	—	—	—	—	—	—	—	—
	(iii)	included at C(i) who had reached the age of 5 but whose parents had refused consent to their admission to a special school, awaiting	(*a*) day places	boys	—	—	—	—	—	—	—	—	—	—	—
				girls	—	—	—	—	—	—	—	—	—	—	—
			(*b*) boarding places	boys	—	—	—	—	—	—	—	—	—	—	—
				girls	—	—	—	—	—	—	—	—	—	—	—
	(iv)	included at C(i) awaiting admission to special schools for more than one year	(*a*) day places	boys	—	—	—	—	—	—	—	20	—	—	20
				girls	—	—	—	—	—	—	—	10	—	—	10
			(*b*) boarding places	boys	—	—	1	—	—	—	—	—	—	—	1
				girls	—	—	—	—	—	—	—	—	—	—	—

					(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
	On 19th January, 1967 number of children from the authority's area :—														
D	(i) on the registers of:—	(1) Maintained special schools (other than hospital special schools and special units and classes not forming part of a special school) regardless by what authority they are maintained	day	boys	—	—	16	11	27	7	5	243	1	—	310
				girls	—	—	9	8	24	5	—	218	1	1	266
			boarding	boys	—	2	1	—	4	—	3	1	—	—	11
				girls	—	3	—	—	—	1	—	—	—	—	4
		(2) Non-maintained special schools (other than hospital special schools and special units and classes not forming part of a special school) wherever situated	day	boys	—	—	—	—	—	—	—	—	—	—	—
				girls	—	—	—	—	—	—	—	—	—	—	—
			boarding	boys	2	2	—	1	5	5	—	1	3	—	19
				girls	2	—	2	1	—	3	1	1	3	—	13
		(3) Independent schools under arrangements made by the authority		boys	—	—	—	—	—	—	1	—	—	—	1
				girls	—	—	—	—	—	—	—	—	—	—	—
	(ii) boarded in homes and not already included in D(i) above			boys	—	—	—	—	—	2	7	—	—	—	9
				girls	—	—	—	—	—	—	—	—	—	—	—
	Total 'D'			boys	2	4	17	12	36	14	16	245	4	—	350
				girls	2	3	11	9	24	9	1	219	4	1	283
	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—**Total**			boys	4	4	18	13	38	15	19	304	4	—	419
				girls	2	3	11	9	25	9	1	255	4	1	320
	On January 19th, 1967														
E	Number of handicapped pupils (irrespective of the area to which they belong) were being educated under arrangements made by the authority in accordance with Section 56 of the Education Act, 1944.	(i) in hospitals			—	—	—	—	—	—	—	—	—	—	—
		(ii) in other groups			—	—	—	—	—	—	—	—	—	—	—
		(iii) at home			—	—	—	—	2	1	—	—	—	—	3

F. During the calendar year ended 31st December, 1966

(i) Number of children reported to the Local Health Authority under Section 57(4) of the Education Act, 1944 21

(ii) Number of children whose cases were reviewed under the provision of 57A of the Education Act, 1944 1

APPENDIX "C"

TREATMENT ARRANGEMENTS

Clinic	*Place*	*Sessions*	*Minor Ailments Attendances during* 1966
Minor Ailments	Arkwright School, London Road	3 times a week	2,620
	Bestwood Clinic Beckhampton Road	Daily and Medical Officer weekly	7,519
	Bulwell Clinic, Main Street	Daily and Medical Officer weekly	5,572
	Central Clinic 28 Chaucer Street	Daily and Medical Officer twice weekly	4,827
	Clifton Clinic, Southchurch Drive	Daily and Medical Officer weekly	7,652
	Player Clinic Beechdale Road	Daily and Medical Officer weekly	12,100
	Portland School Westwick Road	3 times a week	2,343
	Rosehill Clinic, St. Matthias' Road	Daily and Medical Officer weekly	9,824
	Scotholme Clinic, Beaconsfield Street	Daily and Medical Officer weekly	3,242
	Welbeck School, Queen's Drive	3 times a week	1,834
	William Crane Clinic Aspley Estate	Daily	5,172
Dental	Bestwood Clinic	Fillings and Extractions	
	Bulwell Clinic	Fillings and Extractions	
	Central Clinic	Fillings and Extractions	
	Clifton Clinic	Fillings and Extractions	
	36 Clarendon Street	Fillings and Orthodontics	
	Player Clinic	Fillings and Extractions	
	Rosehill Clinic	Fillings and Extractions	
Ophthalmic	Central Clinic	8 weekly	
	Bestwood, Bulwell Clifton, Player and Rosehill Clinics		

Clinic	*Place*	*Sessions*
Ear, Nose and Throat	Central Clinic	Twice weekly
	Ewing School for the Deaf and Partially Hearing, Mansfield Road	Monthly
Paediatric	Central Clinic	Weekly
Child Psychiatry (Child Guidance)	Child Guidance Centre, 34 Clarendon Street	8 weekly
Educational Assessment (Child Guidance)	Child Guidance Centre	3 weekly
Educationally Sub-normal Assessment	Central Clinic Bestwood and Clifton Clinics	3 weekly
Speech	Child Guidance Centre	Twice monthly
Speech Therapy	Child Guidance Centre	10 weekly
	Bestwood Clinic	2 weekly
	Bulwell Clinic	2 weekly
	Clifton Clinic	4 weekly
	Player Clinic	3 weekly
	Rosehill Clinic	2 weekly
	William Crane Clinic	2 weekly
Dyslexia	Child Guidance Centre	Weekly
Remedial Teaching	Child Guidance Centre	9 weekly
	Bulwell Clinic	1 weekly
	Scotholme Clinic	1 weekly
	William Crane Clinic	2 weekly
General Duty	Central Clinic	Daily
Audiometry	Central Clinic	Twice monthly
Enuretic	Central Clinic	Twice monthly
Electrical (U.V.R., Ionisation, etc.)	Central Clinic	3 weekly

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CITY OF NOTTINGHAM

GENERAL INFORMATION AS AT 31ST DECEMBER, 1966.

Area	acres 18,364	No. of Schools	162
Population	310,280	No. on Rolls	51,274
Density of Population:	16.90 persons per acre	Average Attendance ...	88.9%

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